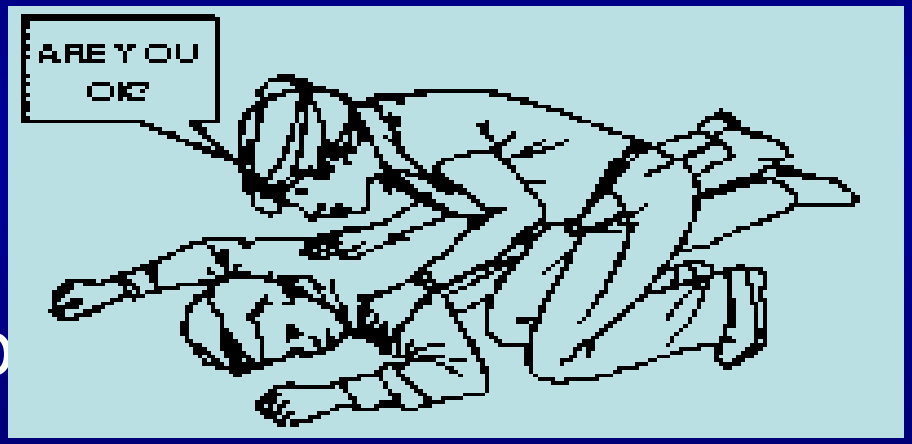
Opening and Managing a Casualty's Airway

Check for Responsiveness

If the casualty appears to be unconscious, check the casualty for responsiveness.

- “Are you okay?”
- Gently shake or tap



- If no response, position the casualty and open the airway

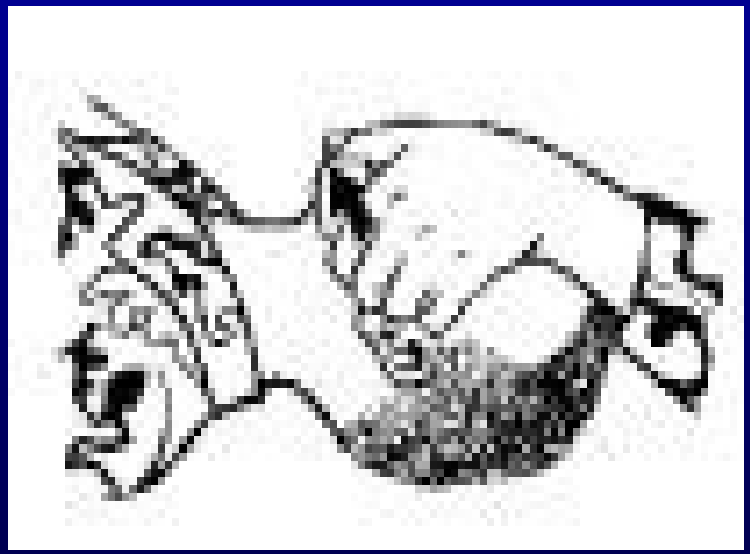
Position the Casualty

Open the Casualty's Airway

- The tongue is the most common cause of an airway obstruction
- When a casualty is unconscious, muscles relax. This relaxation may cause the tongue to slip to the back of the mouth and block the airway
- Two methods of opening the airway are the Head-Tilt/Chin-Lift method and Jaw Thrust method

Open the Casualty's Airway (Jaw Thrust)

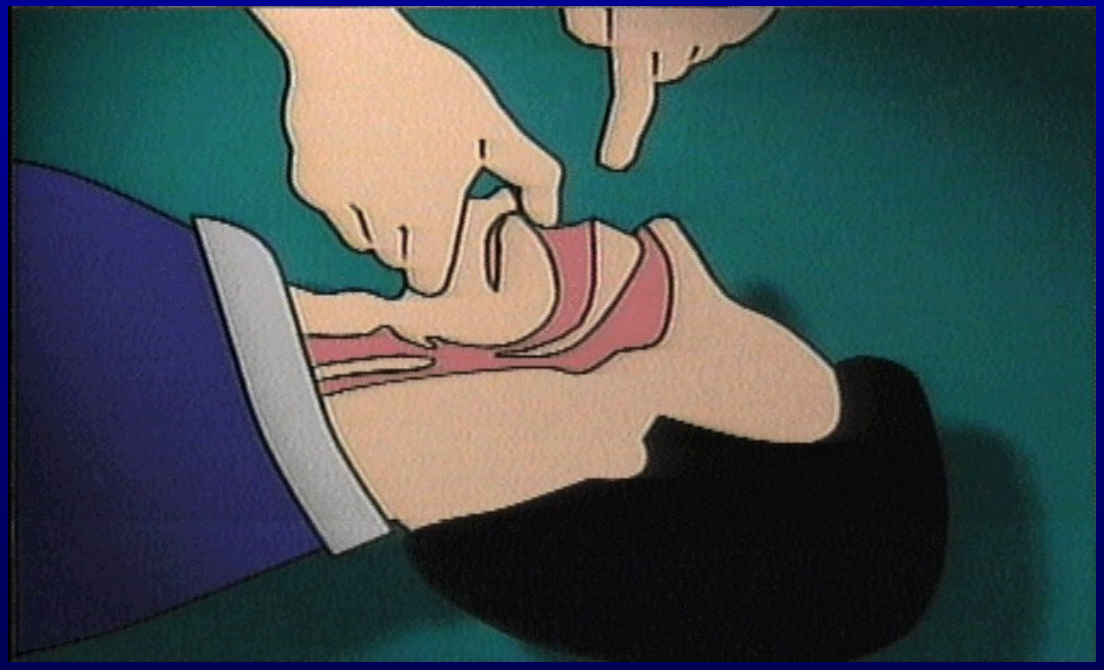
- If neck or spinal injury is suspected, use the Jaw Thrust method



Open the Casualty's Airway

- Use your fingers to remove anything that could block the casualty's airway

- Loose teeth
- Facial bone
- vomitus

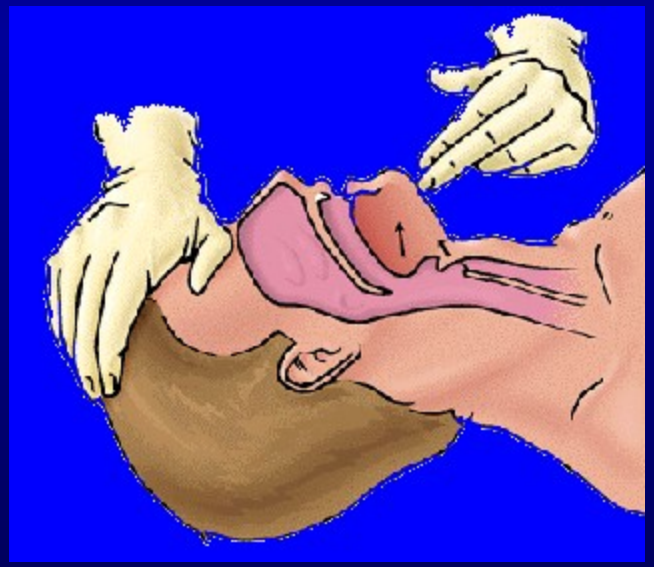


Check for Breathing

- Look, Listen, Feel
- Maintain Jaw Thrust
- Count full respiration (15 sec)

Open the Casualty's Airway (Head-Tilt/Chin-Lift)

- No suspected neck or spinal injury



Open the Casualty's Airway (Head-Tilt/Chin-Lift)

- Look, Listen, Feel
- Maintain Head-Tilt/Chin-Lift
- Perform rescue breathin
  if necessary

Rescue Breathing

- Maintain head-tilt/chin-lift or jaw thrust
- Pinch nostrils closed and administer two full breaths (2 seconds)
- Check carotid pulse
- If pulse is present, administer mouth-to-mouth ventilations at 1 per 5 seconds
- Check for breathing and pulse after one minute

Cardiopulmonary Resuscitation

- If your check shows that the casualty does not have a carotid pulse, you can begin administering cardiopulmonary resuscitation (CPR) if you know how and the tactical situation permits.

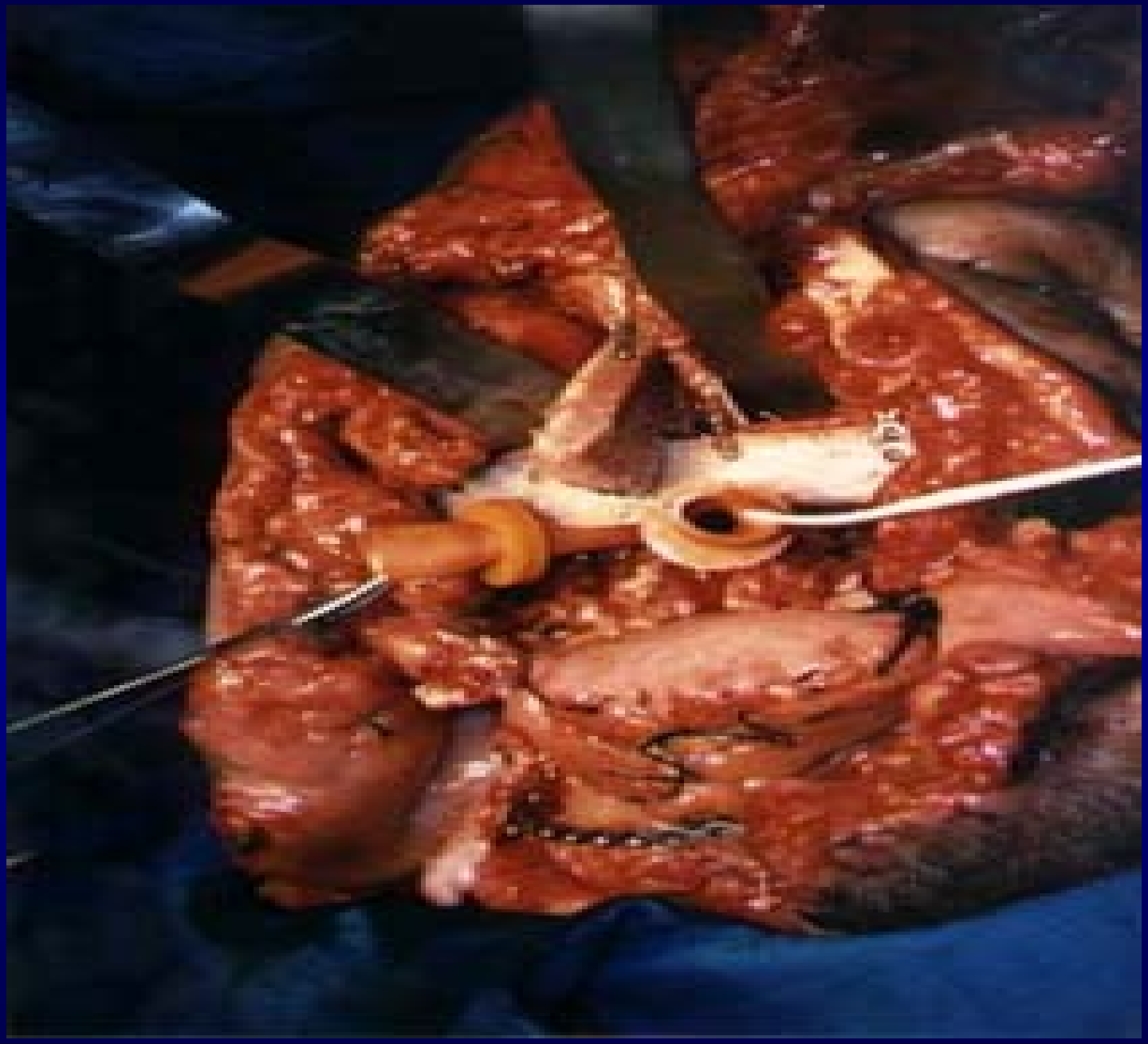
- In a tactical situation, if a casualty is found with no pulse and no respiration, CPR is not recommended. Therefore, CPR is not taught in the combat lifesaver course.

Nasopharyngeal Airway

- Respiration rate less than normal (less than two in 15 seconds)
- Snoring or gurgling sounds

Nasopharyngeal Airway

- Do not use the nasopharyngeal airway if the roof of the casualty's mouth is fractured or brain matter is exposed.
- Do not use the nasopharyngeal airway if there is clear fluid coming from the ears or nose.
- Leaking cerebrospinal fluid may indicate a skull fracture.



Nasopharyngeal Airway

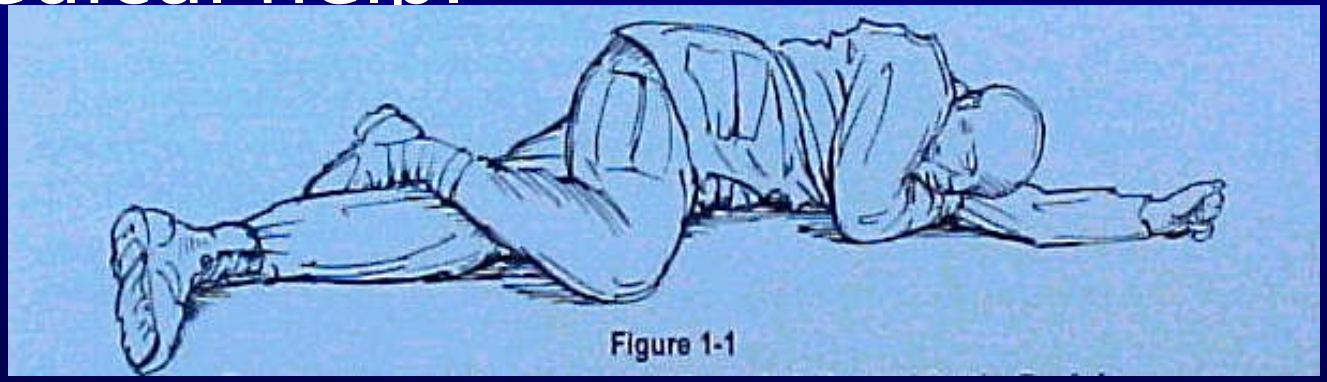
- Place the casualty on his back (face up)
- Remove airway and lubricant from aid bag
- Lubricate the tube
- Expose the opening of the casualty’s nostril
- Insert the tip of the airway into right nostril with bevel facing septum
- Advance until flange rests against the nostril

Nasopharyngeal Airway

Nasopharyngeal Airway

- If there is resistance or blockage, use the other nostril.

- If both attempts fail, position the casualty in the recovery position and seek medical help.



QUESTIONS?